					SION OF HEALTH – STANDARD CERTIFICATE OF DEATH $-62-02267$	-62-022678	
O NOT WRITE	ARTMENT OF PU			STATE FILE NUMBER Registration District No. Primary Registration District No. 2000 Registrar's No. 971	MBER		
VS 300			<u></u>		Greene Wilbour , Greene	nce before mission)	
Rev. 4/59	AMENDED				OR TOWN Springfield 70 years Town Springfield Yes	de Limits ☑ No 🏻	
20397	DATE A				c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside HOSPITAL OR ADDRESS	le on Farm □ No X	
3 2					3. NAME OF DECEASED First Middle Last 4. DATE Month Day OF OF DEATH June 20 1	Year 1962	
5 2					Male White Widowed Divorced Oct 17.1887 74	j	
6	2			1	08. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  MOVING & Storage Dadeville, Mo. U.S.A.  135. FATHER'S NAME  14. NAME OF HUSBAND OR WIFE	COUNTRY	
7 O 5	<b>Ž</b>				Unknown  Unknown  Unknown  Unknown  Unknown  Unknown  Modress 901 W.Po	v <del>rt la n</del>	
92218 10	ARE AS				(res, no, or unknown) (If yes, give war or dates of service) 49 Chester Boring, Springfield, Mo.		
<u> </u>	5 6		DOCUMEN			IND DEAT	
2 5-0 3	INSTEAD		DOC		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)		
l <sub>u</sub>				CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. If deceased was there a pregnancy in	female lest 90 di	
NO.	. I			IL CERTIF	19. WAS AUTOPSY   20a. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item PERFORMED?	m 18.)	
RIBBON	Š			MEDIC/	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.  20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in ar about home, 20f. CITY, TOWN, OR LOCATION COUNTY	STATE	
<b>×</b> )	EAD				WHILE AT WORK   farm, factory, street, office bldg., etc.)  NOT WHILE AT WORK   farm, factory, street, office bldg., etc.)  21. I attended the deceased from   6/18/62 , to 6/20/62 and last saw him alive on 6/20/62		
USE BLAC OR TYPEWRITER	SHOULD R		Ä		Death occurred at 7:30 p.m m on the date stated above, and to the best of my knowledge, from the causes st	tated. DAJE SIG	
14P			AVIT O	23	3a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Signify)	22/E	
	EM NO.		r affidavit	-24	Burial June 23, 1962 Hazelwood Springfield, Missouri  Funeral Director Address 25. Date RECD. By LOCAL REG. 26. REC. STRAR'S SIGNATURE	-	
	<b> </b> ⊑		8	I _	Jewell E. Windle, Springfield, Mo. 19-29-62 Glicensed Embalmer's Statement on Reverse Side)	lo	

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recor	ded on the reverse side of this certificate was embalmed by me,
or by Albert Dale Daniel	, Student Embalmer, No. 660
working under my personal supervision.	7 (81). 11
Student Dale Daniel	Signed fewell 6. Umale
Signature of Student Embalmer	Licensed Embalmer No. 4737
	P. O. Address Springfuld Wo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.